A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE, UTILISATION AND LEVEL OF SATISFACTION AMONG MOTHERS REGARDING MCH SERVICES PROVIDED THROUGH ASHA SCHEME IN URBAN AND RURAL AREAS OF FARIDABAD.

A

SYNOPSIS

Submitted To

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In Partial Fulfillment of The Requirement for The Award of The Degree of

DOCTOR OF PHILOSOPHY

In the Field Of

NURSING SCIENCES

(Obstetrical and Gynecological Nursing)

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SYNOPSIS OF RESEARCH STUDY

STATEMENT OF PROBLEM	A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE, UTILISATION AND LEVEL OF SATISFACTION AMONG MOTHERS REGARDING MCH SERVICES PROVIDED THROUGH ASHA SCHEME IN URBAN AND RURAL AREAS OF FARIDABAD.
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DECLARATION BY STUDENT

I hereby declare that this synopsis entitled "**A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE, UTILISATION AND LEVEL OF SATISFACTION AMONG MOTHERS REGARDING MCH SERVICES PROVIDED THROUGH ASHA SCHEME IN URBAN AND RURAL AREAS OF FARIDABAD.**" is a bonafide and genuine work and is carried out by me under the supervision of **Prof (Dr.)** Rajwant Randhawa
Faculty of Nursing
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Date: . Signature of the Candidate

Place: Mandi Gobindgarh

Signature of the Supervisor

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INTRODUCTION

"Only a prospective mothers knows what it is to carry, the onlookers notice her illness" and

"Pity her But she alone knows the travail"

- Mahatma Gandhi

Reproductive health now refers to the health of mothers. It is defined as a woman's ability to reproduce, to go through pregnancy and childbirth safely, to have healthy babies and couples' ability to have sex without worrying about getting pregnant and getting sick.

Maternal health services should be available and accessible to all women, wherever they live, be acceptable to the potential users, and responsive to social and cultural norms. Services should provide comprehensive care and linkage to other reproductive health services, provide for continuity of care and follow up, and be delivered by technically competent and non-judgmental healthcare workers. Information and counseling should be provided for mothers on their health and health care needs, and involvement in decision making should be encouraged. Clients should be seen as partners in health care and active participants in protecting their own health.

Maternal health care delivery is a complex and comprehensive topic that must be approached holistically. A large number of public health professionals are always involved in meeting health care needs around the clock.

The National Rural Health Mission **(NRHM)** was launched by the Indian government on April 5, 2005 for a period of seven years **(2005-2012).** The mission has great hopes and promises for serving the deprived and underserved communities in rural areas. The backbone of the programme is the **Accredited Social Health Activist (ASHA)** certification. ASHA will play a major role in the implementation of the programme. The difficulty in improving the health of the community has always been due to the fact that groups of people tend to cluster together in different ways. Although ASHA is a novel

approach to breaking the silence among cluster community groups, it is important to remember that communication between clusters may still be a problem. ASHA may not be able to address it. Considering the constraints of ASHA and the success of the cluster community approach in **UNICEF-supported community-based Maternal Child Health and Nutrition (MCHN)** project, it is reasonable to state that incorporating community mobilizers from within the cluster community group can be an asset to the programme. These mobilizers may actually help to spread the spirit of NRHM within the cluster community.

The National Rural Health Mission (NRHM) aims to provide health care to rural areas in the country. The aim of the program was to provide accessible, affordable, effective, and reliable primary health care to the poor and vulnerable sections of the population. The Mission is designed to provide equitable and quality health care to rural women and children in the country, with a greater emphasis on 18 targeted states. The approach taken by this program is synergistic, incorporating factors that have a bearing on health such as nutrition, sanitation, and safe drinking water. The mission of the social development sector is to work together more closely in order to achieve greater convergence amongst its related sectors.

One way to help achieve the goals would be to have an ASHA in every village with 1,000 residents. It was suggested that ASHA should be chosen by and answerable to the Panchayat. She would serve as an interface between the community and public health systems. As an honorary volunteer with ASHA, we would receive a payment for promoting variety of primary health care services, including universal immunization, referral and escort services for institutional deliveries, construction of household toilets, and other healthcare interventions.

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referral and escort services for institutional deliveries, construction of household toilets, and other healthcare interventions.

The researcher reviewed the literature on the services provided by ASHA among the mothers regarding MCH services. The researcher felt it was necessary to examine the knowledge, utilization and level of satisfaction among mothers regarding MCH services provided through ASHA scheme. To prove the comparison of knowledge of urban and rural mothers regarding MCH services provided through ASHA scheme, this study is proposed**.**

NEED FOR STUDY

Since India gained its independence, health planners and administrators have been concerned about the rapidly growing population. Various programs have been launched related to maternal and child health from time to time, with the goal of improving health status for women and children in the country[1]. Updates to these strategies are made in order to better meet the unmet need for maternal child healthcare. Consumer evaluations of health care services are an important part of assessing the accessibility and quality of care. Understanding community perception of health care services is important for effective delivery and increased utilization of health care services[2]. According to the United Nations Population Association, the average maternal mortality rate worldwide is 265, but it is 18 in developed countries, 293 in less developed countries and 597 in least developed countries[3,4,5]. Maternal mortality rates in India are significantly higher than in developed countries, such as Sweden, Ireland, and Israel. In developing countries, such as Pakistan, South Africa, and Sudan, maternal mortality rates are much higher than in developed countries[6].

According to NFHS-3, the use of reproductive and child health services in India with regard to antenatal care is high. At least three antenatal checkups resulted in a 50.7% success rate, institutional delivery resulted in a 40.8% success rate, and fully immunizing children in their first year resulted in a 43.5% success rate. The highest use of RCH services in India is in the Kerala state, while the lowest use is in the northern states[7].

In Haryana, according to the DLHS-3 report, the utilization of reproductive and child health services with regard to antenatal care, or the provision of prenatal care, is high. At least three antenatal checkups resulted in a 72% success rate, while institutional delivery resulted in a 65% success rate, and children who are fully immunized in their first year have a 67% success rate. Faridabad district is one of the lower-performing districts in Haryana, while Gurugram district performs the best. As seen, the majority of women (54.8%) received their health care from a private health facility, while 49.2% received care from a government health facility[8].

The researcher has a background in both personal and professional experience that is geared towards assessing the level of satisfaction with MCH services and exploring the factors that influence the extent to which these services are used. This information would help health professionals improve the way MCH services are provided in the community. This will help to improve maternal and child health services, which will in turn reduce maternal and child mortality.

This study is designed to determine how satisfied rural and urban mother-beneficiaries are with MCH services, and what factors influence their utilization pattern.

STATEMENT OF PROBLEM

A Comparative Study To Assess The Knowledge, Utilization And Level Of Satisfaction Among Mothers Regarding MCH Services Provided Through Asha Scheme In Urban And Rural Areas Of Faridabad.

OPERATIONAL DEFINITIONS

Assess-It refers to the measurement level of knowledge and utilization by using structured interview schedule done by the investigator.

Knowledge-In this study the knowledge refers to the correct responses given by the mothers as it is measured by structured interview schedule.

Level of Satisfaction: Refers to verbal expression of happiness, sense of wellbeing regarding antenatal services received during antenatal period from ASHA. For the purpose of the study level of satisfaction is classified as following:

• Not satisfied –level of satisfaction below 50%

• Partially satisfied - level of satisfaction between 50-75%.

• Fully satisfied –level of satisfaction above 75%.

ASHA: Accredited Social Health Activist) a trained health worker acting as an interface between the community and public health system who provides antenatal services.

Mothers: Mothers with children up to 6 months of age who had institutional delivery.

Maternal and Child Health Services (MCH): It refers to a package of comprehensive health care services which are available to meet promotive, preventive, curative, rehabilitative needs of families with children from birth to school age.

GENERAL OBJECTIVE

The aim of the study is to assess the knowledge, utilization and level of satisfaction among mothers regarding MCH services provided through ASHA scheme in urban and rural areas.

OBJECTIVES

To fulfill the general objective, researcher formulates the following objectives:

To assess and compare the level of knowledge regarding MCH services available at ASHA programme among mothers of urban and rural areas.
To assess and compare the level of utilization of MCH services available at ASHA programme among mothers of urban and rural areas.
To assess and compare the level of satisfaction regarding MCH services available at ASHA programme among mothers of urban and rural areas.

To determine association of knowledge, utilization and level of satisfaction regarding MCH services available at ASHA programme among mothers in selected urban area with their selected demographic variables.

HYPOTHESES

All the hypotheses will be tested at $p < 0.05$ level.

H_1 There will be a significant comparison between knowledge, utilization and level of satisfaction scores of mothers of urban and rural area

ASSUMPTIONS

The services provided by the ASHA may or may not be effective to meet the individual needs of the mothers and children.

The tool administered will be sufficient to assess the role of ASHA in the level of satisfaction of mothers.

Mothers will have different levels of satisfaction with regard to services received from ASHA.

DELIMITATIONS OF STUDY

The study will be limited to who are willing to participate.

The study will be limited who are present at the time of the data collection.

The study will be limited to those who can read and write Hindi/English/Punjabi.

LIMITATIONS

The population will be limited to mothers of selected rural and urban areas of Faridabad may not represent responses of who have not joined study.

Although the selected questionnaires are objective research instruments, the indicator does not reveal all the experiences of mothers of selected rural and urban areas of Faridabad.

PROJECTED OUT COME

The present study will provide a detailed understanding of the role ASHAs play as community health workers and as agents of social change.

ASHAs will be a successful way to bridge the gap between the community and the health system, by helping to improve the effectiveness of healthcare services by involving the community in their operations.

In NRHM, the importance of ASHA as a health communicator, local organizer, health educator, and agent of change is recognized.

Health team and other health service providers will be able to benefit from present study.

ASHAs will receive more training on how to mobilize the community.

This study will provide a comprehensive picture of the role of ASHAs as community health workers and agents of social change.

Present comprehensive research on the study topic will be a valuable resource for policy making and for future research.

This study will help programme managers and policy makers bring efficiency in selection, training, support, monitoring, handholding, supervision, evaluation and work performance of ASHA workers in the state of Haryana.

SCOPE OF STUDY

This study will cover the analysis of experiences of adolescent mothers related to MCH services provided by ASHA.

The results of this study would be useful (1) to administrators while attempting to understand needs of mothers related to MCH services provided by ASHA, (2) to educators while counselling and preparing mothers related to MCH services provided by ASHA, and (3) to individual teachers ASHA for their self-understanding and to improve the counselling process for mothers related to MCH services provided by ASHA.

RESEARCH QUESTIONS

This study would seek to find answers to the following questions:

What are the roles and responsibilities of ASHA?

What are the expectations of the mothers related to MCH services provided by ASHA?

What strategies are ASHAs using to get community participation for effective programme delivery?

CONCEPTUAL FRAMEWORK

The present study has used Donabedian's frame work (1988) which is widely used for evaluating the health programs using the components of structure, process and outcome.

Structure – Refers to value identification, serves to define the beliefs of humanity, description of the client, considered to provide quality service.

Process – refers to quality of care given by the service providers to the clients.

Outcome- Refers to the end result of the services provided, whether services have most effect and which services are primarily responsible for causing changes in client status.

LITERATURE REVIEW

Extensive literature review will be done on the following aspects:

Studies related to maternal and child health and services in general

Studies related role of ASHA in maternal and child health and services
Studies related to knowledge of mothers regarding maternal and child health and services
Studies related to utilization of maternal and child health and services
Studies related to level of satisfaction of maternal and child health and services

LITERATURE AND STUDIES RELATED TO MATERNAL AND CHILD HEALTH AND SERVICES IN GENERAL

Anita et al (2010) conducted a community-based cross-sectional study to assess the pattern of deliveries in rural areas of Jhajjar district, Haryana. Assuming a 95% confidence level and 10% allowable error, the calculated sample size for this study was 400 women who delivered within the past 12 months. Data was collected by interviewing study subjects face-to-face using a semi-structured interview schedule. A study found that 227 out of 356 mothers had institutional deliveries. Among home deliveries, 43.3% of the attendees were untrained dais, while 59.7% were trained dais. In addition, 17.3% were health personnel, and 5.7% were others. There are many factors that can contribute to low literacy rates, including poverty, lack of access to education, and a lack of health care. Additionally, some groups of people are more likely to be illiterate than others, including the poor, lower-caste groups, and those without any accompanying adult. Previous home delivery is also a risk factor for low literacy rates. The association between home deliveries and significant health benefits was significant. 50% of mothers do not think institutional delivery is necessary[9].

Sinhababu et al (2006) conducted a community-based cross-sectional study on the utilization and quality of coverage of antenatal services among women in Anchuri district, Bankura district, West Bengal. The main purpose of this study was to find the factors that influence the use and quality of antenatal care services at subcenters. A scoring system was used to analyze this information. The study found that, among women who accessed maternity care, 20.7% chose private institutions while 0.8% did not use any sources of antenatal care. The main reason for the underutilization of subcenters was found to be better service provision and the easy accessibility of nearby B.S. Medical College

Hospital is a renowned hospital that provides quality healthcare to patients[10].

LITERATURE AND STUDIES RELATED ROLE OF ASHA IN MATERNAL AND CHILD HEALTH AND SERVICES

Nandi et al (2010) studied the ASHA referral system in Chhattisgarh to see how well it works. The study was conducted in two blocks of Chhattisgarh, one in a rural area and one in a more urban area. A total of 47 ASHAs and 77 beneficiaries from 14 villages were interviewed using a semi-structured interview schedule. The study found that referral services were heavily reliant on ASHAs. There was a high referral rate of 95% to public health facilities by ASHA, with 80% of referrals being made to women and 25% of referrals being for delivery. The ASHA was present with the beneficiaries in 58% of cases, and they stayed with the beneficiaries in 95% of cases. Another important observation was that ASHAs were effective in treating 34% of cases before any referral was necessary[11].

UNICEF (2009) conducted a concurrent assessment of the Janani Surakhsha Yojana in selected Indian states. The study used quantitative research methods to collect data from beneficiaries of JSY in the five states in the year before the survey. The survey was conducted in the rural areas of the five states and included a sample of 1,200 mothers who had delivered between January and December 2008. A three-stage sampling design was used to select the mothers. The study aimed to assess the role of ASHAs in JSY. The study found that in Orissa, 91% of mothers were given advice by the ASHAs for institutional deliveries, followed by Uttar Pradesh (84%), Bihar (74%), and Rajasthan (64%). In Madhya Pradesh, it was found that the ASHAs gave advice to only 36% of the mothers[12].

LITERATURE AND STUDIES RELATED TO KNOWLEDGE OF MOTHERS REGARDING MATERNAL AND CHILD HEALTH AND SERVICES

Ibrahim (2010) conducted a study to assess the level of mothers' knowledge on certain aspects of child health care and whether there is any correlation between their level of knowledge and the number of years of formal education they have had. Three-hundred-seventy-three questionnaires were completed. The mean score of the total sample was 25 (out of 40) and the minimum score obtained was 14, and the maximum 36. Fifty-eight percent scored 25 or more. Scrutiny of individual items on the questionnaire revealed significant and serious gaps in mother's knowledge. No statistically significant correlation was evident between mothers' knowledge of child health related matters and level of education, age, or number of children[13].

Sharma K et al (2018) assessed the knowledge of mothers regarding reproductive child health programme activity and its utilization in Gwalior city. The present study aimed at assessing the mother's knowledge and utilization regarding reproductive child health programme activity in selected urban community at Gwalior city. The present study depicts that the maximum mother (55%) were having good knowledge regarding reproductive child health programme activity and the mothers were having maximum knowledge regarding essential newborn care 67.5% and minimum knowledge (26.6%) regarding control of STD/RTI. Majority of mothers 45 (75%) had average utilization of the reproductive child health programme activity. There was positive correlation between knowledge and utilization of reproductive child health programme activity among mothers (r=0.83). In the present study, there was significant association between utilization of reproductive child health programme activity and mother's age and parity[14].

LITERATURE AND STUDIES RELATED TO UTILIZATION OF MATERNAL AND CHILD HEALTH AND SERVICES

Kaur Amanpreet et al (2018) assessed the utilization pattern of basic Maternal and Child Health services by the mothers of infants and to find out its association with socio-demographic variables. A cross sectional study was carried out in between March to April, 2015 where systematic and simple random techniques were used with sample size of 314. Questionnaire tool with face-to-face interview technique was used to collect data.

Data were entered and analyzed using SPSS version 20. The results show that 94.3% mothers received ANC from public health sector. Half of the mothers had attended more than three antenatal visits followed by 38.2% attended three antenatal visits and 11.8% had less than three antenatal visits. All (100%) beneficiaries were TT immunized. 80.6% of the mothers had institutional delivery. Three quarter of the mothers had not any post-natal check up. 68.2% mothers breast fed their baby in more than one hour after the birth. Statistically significant relationship was found between antenatal visits and; income per month (p=.000), education(p=.000) and number of children (p=0.001) at the level of $p<0.05$. The place of delivery was also found to have relationship with income per month (p=.000) and with educational status of mothers (p=.004) at the level of $p<0.05$. There is need to motivate mothers for institutional delivery and assessment of themselves and of children. Also the mothers must be educated about the breastfeeding within half an hour after delivery[15].

Sharma Sandeep et al (2020) conducted A Cross-sectional study using multi stage sampling methodology was conducted in slums of an industrialized city. The study participants were the women who had given a live birth in the last one year before 4 weeks of the study starts. Total one hundred eighty families were interviewed & analyzed. The utilization of MHC services was poor as compared to national averages in urban slums. There was no association between age of mother, birth order, educational and occupational status of head of family with utilization of services while education and employment of mother, category and type of family, distance and time to reach health facility, were significantly associated. The reduction of maternal mortality and morbidity mostly depends on the utilization of MHC services. The findings of this study have important implications for improving utilization of maternal health care services[16].

LITERATURE AND STUDIES RELATED TO LEVEL OF SATISFACTION OF MATERNAL AND CHILD HEALTH AND SERVICES

A study was conducted to assess the satisfaction of clients′ receiving maternal and child health services and to elicit clients′ suggestion for improving the services. Anxiety

interview was employed to collect data using a predesigned and pretested schedule. Most of the populations were adult clients. In respect of satisfaction, responses of the clients were either satisfactory (54.31%) or good (23.56%) on maternal and child health services; 'poor or very poor around 20% and it was significantly worse in respect of satisfaction'. Most of the clients (63.06 to 73.94%) expressed their responses as satisfactory and good regarding the assessment of doctors and it was significant. Most of them (73.31%) expressed satisfactory "response" on the quality of services given by nursing staffs. Suggestions of clients for improving the level of satisfaction were sought and in this respect, response was little[17].

A Cross-sectional study was conducted in Mizan-Aman Town, Ethiopia. A systematic sampling technique was used. Pre-tested structured questionnaires were used to collect the data. Both bivariate and multivariate data analysis was conducted by SPSS version 20. Level of maternal satisfaction was 30.4%. Antenatal care visit (AOR = 6.48, 95% CI = 1.01, 41.68), delivery at health center (AOR = 2.14, 95% CI = 1.15, 3.99) and stay at labor less than six-hours (AOR = 2.83, 95% CI = 1.34, 5.96) were significantly associated with maternal satisfaction[18].

GAPS IN RESEARCH

There are many studies on community health workers, community health volunteers and Accredited Social Health Activists. In this chapter, the researcher has tried to understand the gaps in the previous studies. The mentioned studies are conducted globally. Here, some of them focus on the following areas:

- Contribution of ASHA in strengthening the MCH services conducted in state of Bihar
- Evaluation of working profile of ASHA and their knowledge of MCH services
- Assessing community health workers in the state of Odisha
- Performance of ASHA in the four states of Bihar, Rajasthan, Chhattisgarh and Uttar Pradesh

- ASHA' work effectiveness and performance in seven states of the country, i.e., Assam, Bihar, Odisha, Rajasthan, Jharkhand, Andhra Pradesh, Kerala and West Bengal
- ASHA' knowledge, attitude and practices with regard to child health conducted in the state of Maharashtra.

Numerous such research studies have been conducted in various parts of the country. The only study in Haryana is conducted on Awareness and practice of ASHA in the state of Haryana. This study focused on the knowledge, attitude and practice of ASHAs regarding child health.

During the review of literature, the researcher did not find any study conducted on knowledge of mothers regarding MCH services under the National Rural Health Mission, with reference to the state of Haryana. Therefore, the researcher has attempted to explore and study this area

RESEARCH METHODOLOGY

Research Approach: A quantitative evaluative approach will be used to assess the knowledge, utilization and level of satisfaction among mothers regarding MCH services provided through ASHA scheme.

Research Design of the Study: Descriptive comparative study design will be adopted to assess the knowledge, utilization and level of satisfaction among mothers regarding MCH services provided through ASHA scheme of rural and urban areas.

Research design represented following diagrammatically:

UG R O1

RG R O1

Setting of Study: The study will be conducted in selected rural and urban areas of Faridabad.

Population: The population of the study includes mothers who will be identified as children up to 6 months of age who had institutional delivery.

Target Population: Mothers who will be identified as children up to 6 months of age who had institutional delivery.

Accessible Population: Mothers who will be identified as children up to 6 months of age who had institutional delivery in selected rural and urban areas of Faridabad.

Sample: The samples in this study comprises of all mothers who will be identified as children up to 6 months of age who had institutional delivery in selected rural and urban areas of Faridabad.

Sample Size: Will be calculated by power analysis.

Sample Technique: Complete enumeration will be done to identify mothers who will be identified as children up to 6 months of age who had institutional delivery in selected rural and urban areas of Faridabad.

From the identified Mothers who will be identified as children up to 6 months of age who had institutional delivery in selected rural and urban areas of Faridabad will be selected by using Random sampling Technique.

Inclusion Criteria:

Inclusion criteria are characteristics that each sample element must possess to be included in the sample.

- Mothers who had children up to 6 months of age
- Mothers who were permanent residents of the village covered by ASHA programme
- Both literate and illiterate
- willing to participate in the study.

Exclusion Criteria

Exclusion criteria are characteristic that could confound or contaminate the results of the study therefore such participants are excluded from the study

• Mothers who had not availed any services of ASHA or the JSY benefits.

• Mothers who refused to participate in the study.

• Mothers who delivered at home.

Tools And Techniques

A structured interview questionnaire consists of two sections.

The interview schedule will be used to get as much information as possible from the subjects. It is felt that face-to-face contact would encourage them to give free and frank information about their satisfaction with antenatal services. A carefully planned interview schedule will be prepared after reviewing literature and speaking with experts. The average time it takes to respond to one questionnaire is 20 minutes. The instructions to the respondent will be clear and concise.

Part I: Background factors

It consisted of 7 items seeking general information such as age, religion, caste, educational status, type of family, distance of the health care facility from home and type of health care facility of mothers.

Part II: Interview scheduled on mother's level of satisfaction

Mothers' level of knowledge, utilization and satisfaction will be assessed on six various aspects like identification, health information, assistance in clinic and medication, assistance regarding benefit, transportation and emotional care.

Independent Variable- Demographic Variables

Dependent Variables- knowledge, utilization and satisfaction

Validity- Validity of the tool will be obtained on the basis of opinion of 10 Nursing Experts and Specialist.

Reliability: Split Half Method by Cronbach Alpha Formula.

Pilot Study: Will be conducted to assess the feasibility of study.

Data Collection Procedure: Paper Pencil for literate and interview method for illiterate will be used after getting ethical permission.

The study will be conducted in rural and urban areas of Faridabad. The subjects of each group will be selected from these two. The subjects will be selected by random sampling technique.

Data Processing:

Following stages will be there:

Data collection

Storage of data

Sorting of data

Processing of data

Data analysis

Data presentation and conclusions

Measurement And Scaling

Part I Nominal Scale

Part II Interval Scale

Part III Ordinal scale

Analysis And Estimation will be done by descriptive and inferential statistics only. The data will be collected, arranged and tabulated. Descriptive statistics like frequency, percentage, mean, standard deviation and mean difference will be used. Inferential statistics like independent 't' test will be used to find the comparison of two groups and chi-square test will be used to associate the knowledge, utilization and satisfaction level with the selected demographic variables.

Timelines

Final submission will be done in or before December, 2023.

Review of literature- side by side of the thesis

Data Collection- 3-4 months

Analysis and interpretation- 3-4 months

Tentative Chapter Plan

As per the provided guidelines.

ETHICAL CONSIDERATION:

Permission from ethical review committee of Desh Bhagat University, Mandi Gobindgarh will be obtained.
Prior permission and informed written consents will be taken from each participant.
Anonymity and Confidentiality of each participant will be maintained throughout the study.

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